

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	11-21-00
FORMALITY REVIEW		7/435	01/17/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

Available Copy  
 Rejected  
 Allowed  
 Canceled  
 Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	N
52	N
53	N
54	N
55	N
56	N
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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